



ACADEMY NOMINATION COUNSELOR EVALUATION

APPLICANT INSTRUCTIONS: Please print, fill out and provide this form to your Counselor or Principal so they may use it to complete the online Counselor Evaluation.

Name of Student:

Last_____ First_____ MI_____

Date of Birth: _____

School Name: _____

COUNSELOR INSTRUCTIONS: Please complete the online Counselor Evaluation accessible here: <http://tomudall.senate.gov/academy>.

You will need to enter the above information in the online questionnaire.

All counselor evaluations must be received by our office no later than October 10, 2014.